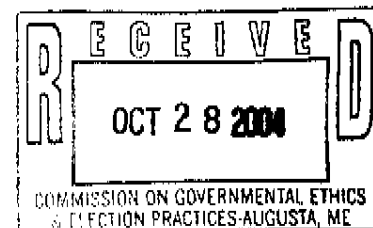


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STATE OF MAINE
COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station
Office: 242 State Street
Augusta, Maine 04333
Tel: (207) 287-4179 Fax: (207) 287-6775
www.maine.gov/ethics

CAMPAIGN FINANCE REPORT
OF INDEPENDENT EXPENDITURES
2004 GENERAL ELECTION



Name of Person/Committee Making Expenditure(s) SAGadahoc COUNTY DEMOCRATIC COM.

Mailing Address 17 DUNN FARM LANE

City, Zip Code BOWDOINHAM, 04008 Telephone 666-5902

Instructions

Please see previous page for reporting requirements. Complete notarized affidavit and two attached schedules.

Filing Schedule

Independent expenditures for the 2004 general election in excess of \$250 per candidate must be reported to the Commission within 24 hours of making the expenditures. Independent expenditures aggregating in excess of \$100, but not in excess of \$250, must be reported to the Commission on October 12, 2004, October 27, 2004, or December 14, 2004 (whichever occurs first after the expenditure).

Please check:

- ☒ Report of Independent Expenditure over \$250
☐ October 12, 2004 Report of Independent Expenditure of \$250 or Less
☐ October 27, 2004 Report of Independent Expenditure of \$250 or Less
☐ December 14, 2004 Report of Independent Expenditure of \$250 or Less
☐ Amendment to Earlier Report Dated: _____
☐ Other (specify): _____

I CERTIFY THAT THE INFORMATION IN THIS REPORT IS TRUE, CORRECT AND COMPLETE.

David C. Shish
Signature of PAC or Party Treasurer, or
Other Person Making Expenditure(s)

10/28/04
Date

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INDEPENDENT EXPENDITURES

AFFIDAVIT

STATE OF MAINE

COUNTY OF KENNEBEC

DAVID C. SHIAH, being duly sworn, says that ~~he/she~~ made each of the expenditures listed in the attached report independently, and not in cooperation, consultation or concert with, or at the request or suggestion of, the candidates named in the report or the authorized committees or agents of the candidates.

David C. Shiah
(Signature of Affiant)

Sworn to before me, this 28th day of October 2004.

[Signature]
(Notary Public/Attorney at Law)

Page ____ of ____
(Schedule B-IE-1 only)

Schedule B-IE-1

CANDIDATE(S) SUPPORTED/OPPOSED

Please list all candidates that were the subject of independent expenditures. If more than one candidate was the subject of the expenditure, allocate the expenditure among the candidates.

Office sought by candidate (including district #)	Candidate's Name	Indicate whether expenditure was made in support of or in opposition to the candidate	Amount expended this reporting period for each candidate
HOUSE DIST. 65	CAROL GROSE	SUPPORT	1,000
HOUSE DIST. 62	THOMAS WATSON	SUPPORT	500
STATE SENATE 19	DONNA LORING	SUPPORT	1,182

Page 1 of 1
(Schedule B-IE-2 only)

Schedule B-IE-2

ITEMIZATION - INDEPENDENT EXPENDITURES

Please indicate the date, payee, purpose and amount of each expenditure. If you are reporting an agreement or obligation to make a future payment, please note that in the margin.

Date of expenditure	Payee, address, zip code	Purpose of expenditure	Amount
10/27	BRIGGS ADV. 199 WATER ST. DATH, ME 04520	T.V. ad	1,000
10/27	11	T.V. ad	500
10/27	TIMES RECORD 6 INDUSTRY RD. BRUNSWICK, ME 04011	NEWSPAPER AD	1,182
1. Expenditures this page			2,682
(Last page only Schedule B-IE-2)			0
2. Total from attached pages (Schedule B-IE-2)			
3. Total expenditures this period			2,682